

# Addressing Health Disparities in HIV/AIDS: Where We Are with MSM



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*The findings and conclusions expressed in this presentation are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention.*



# Health Disparities vs Inequities

- **Health Disparities:** differences in rates of disease, physical or mental health, quality of life, or longevity between members of one group and those of another
- **Health Inequities:** disparities caused by marginalization, discrimination, and unequal access
  - Unnecessary, preventable, and inherently unjust

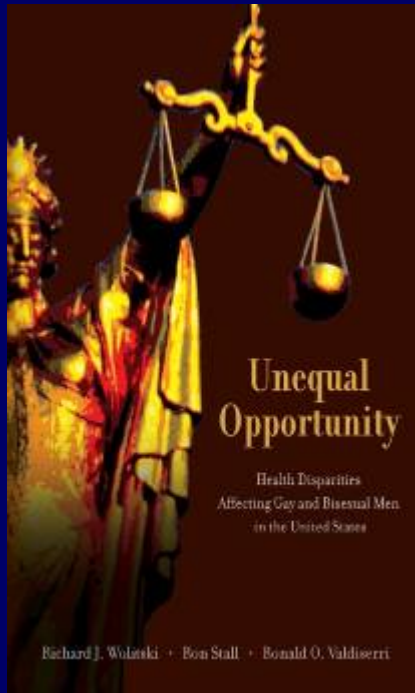


# HIV/AIDS Inequities in the US



- MSM of all races/ethnicities
- African American women and men
- Latino men and women
- American Indian and Alaskan Native men and women
- API men
- Transgender persons

# Health Inequities Affecting MSM

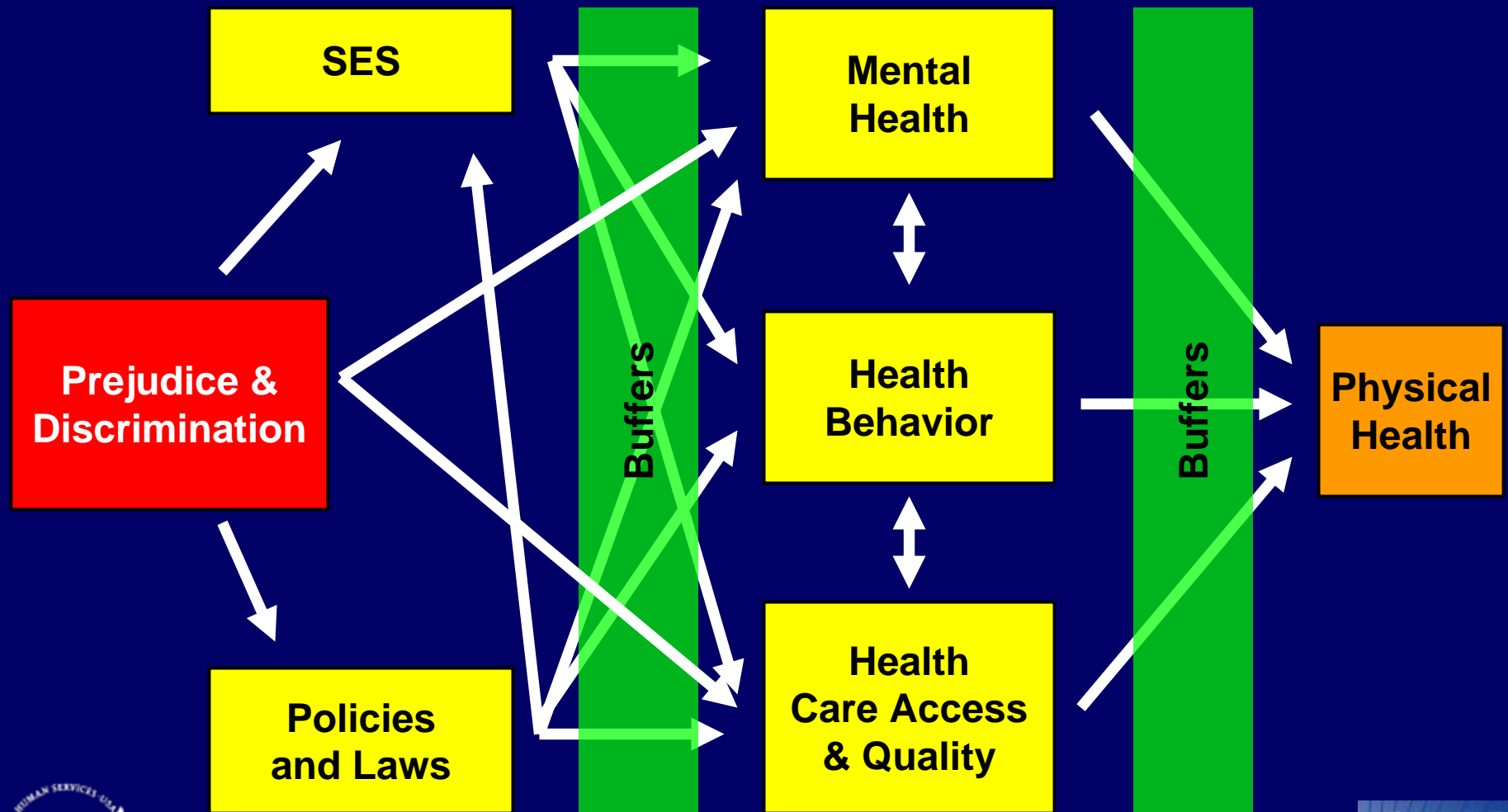


- There is growing recognition that MSM are at risk for multiple health inequities.
- Childhood sexual abuse, substance use, mental health disorders, STDs, and partner violence exist at higher levels among MSM, and have been shown to be associated with increased HIV risk.
- MSM of color are at increased risk for some health problems.

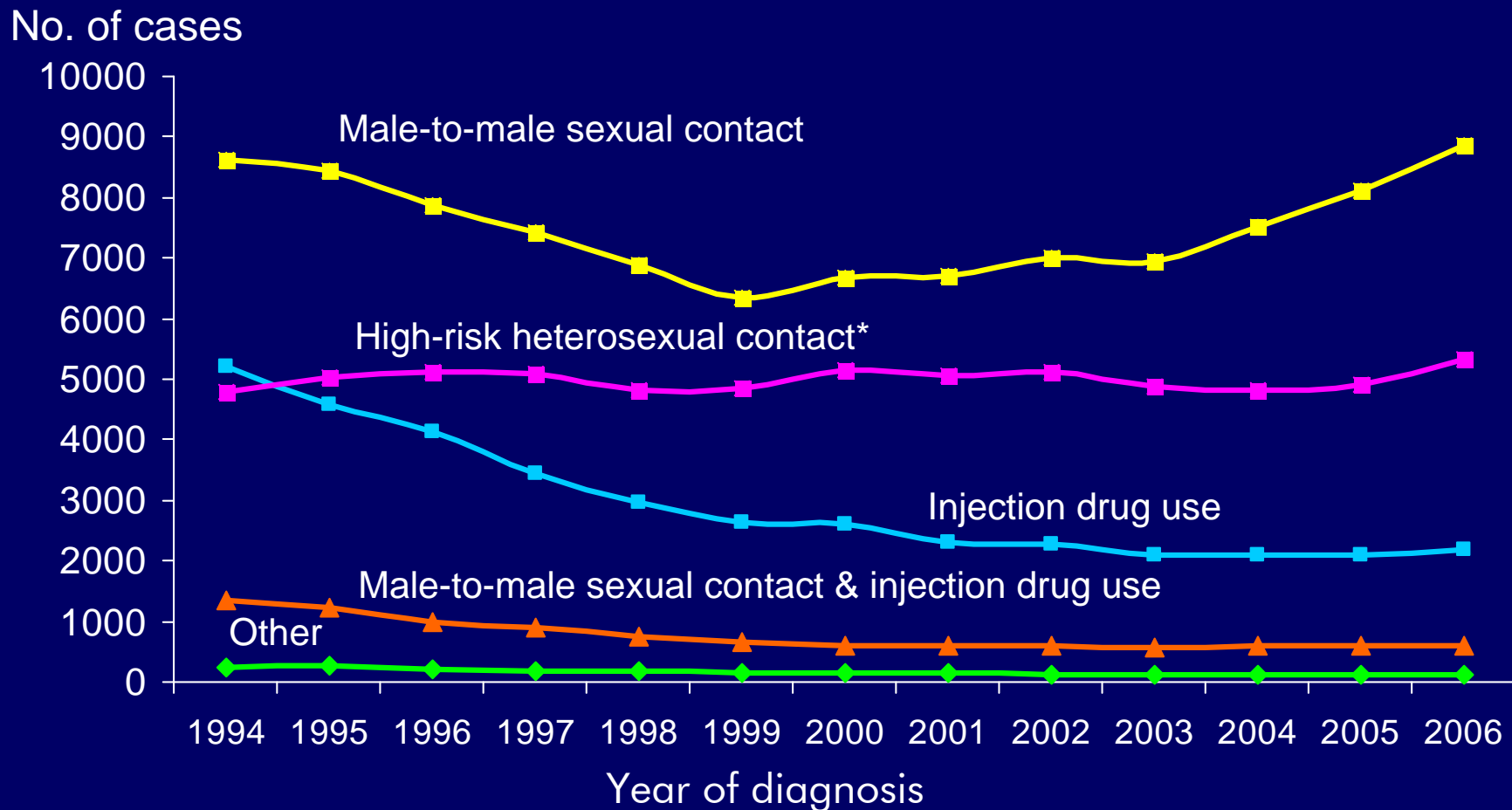
Wolitski, Stall, and Valdiserri (2008).



# Simplified Health Inequities Model



# HIV/AIDS Cases among Adults and Adolescents, by Transmission Category, 1994–2006—25 States

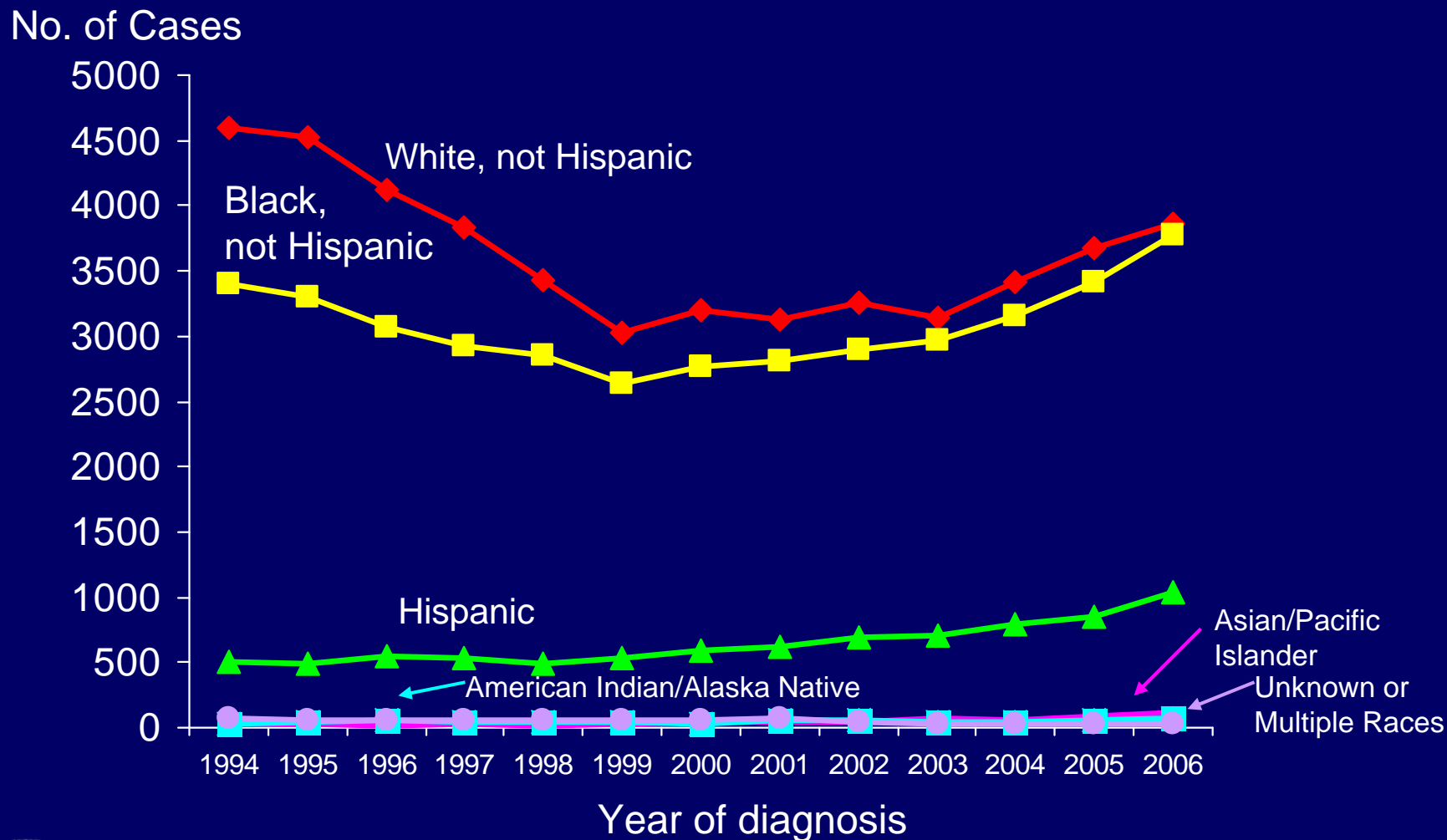


Note. Data statistically adjusted for reporting delays and redistribution of cases in persons initially reported without an identified risk.

\*Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.



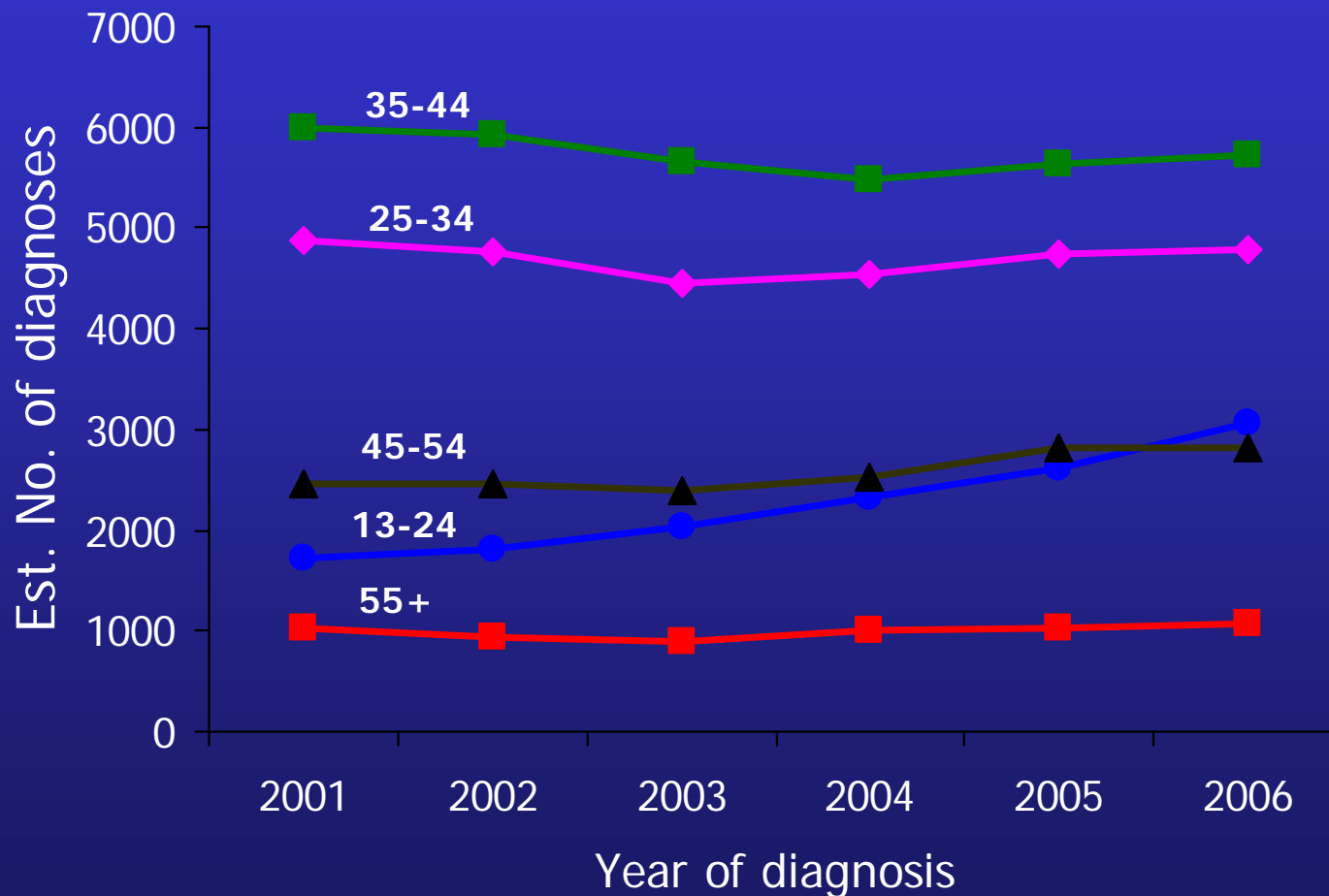
# HIV/AIDS Cases among Adult and Adolescent Men Who Have Sex with Men, by Race/Ethnicity, 1994–2006—25 States



Note. Data statistically adjusted for reporting delays and redistribution of cases in persons initially reported without an identified risk.



# HIV/AIDS Cases among MSM by Age Group, 2001 – 2006, 33 States

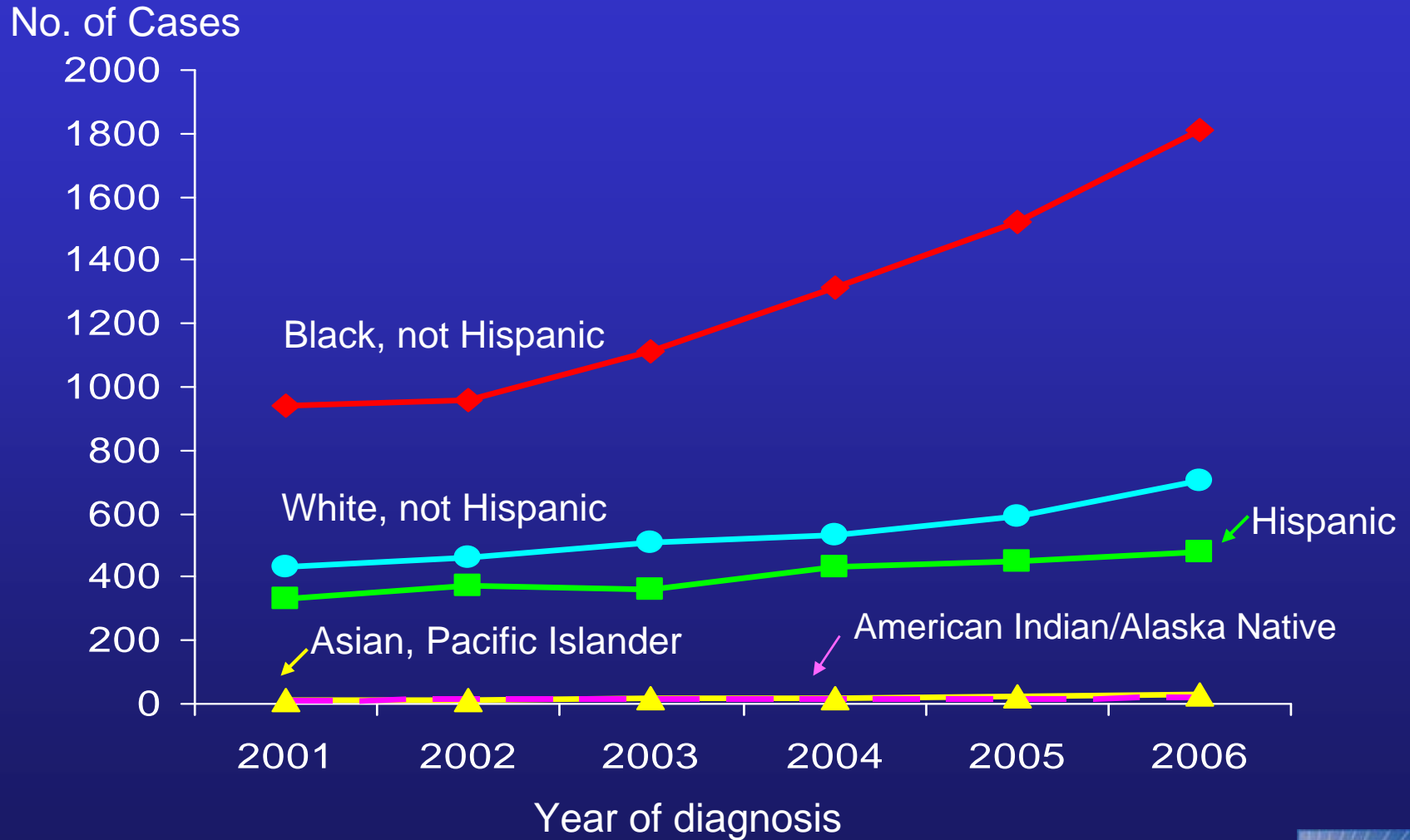


Note: Data adjusted for reporting delays and estimated proportional redistribution of cases initially reported without risk. "Estimated Number of HIV/AIDS Diagnoses among Adult and Adolescent MSM, by Race, 2006—33 States."





# Estimated HIV/AIDS Cases among MSM Aged 13-24 by Race/Ethnicity, 2001-2006—33 States



Note: Data adjusted for reporting delays and estimated proportional redistribution of cases initially reported without risk.

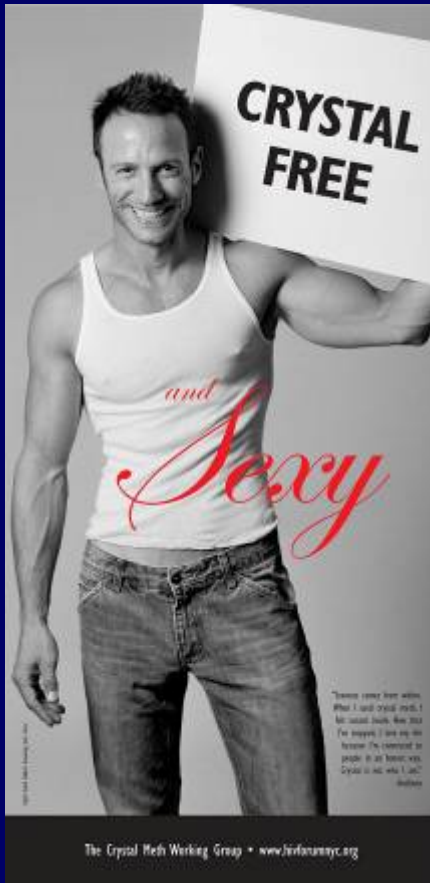


# Some Current Realities



- **Prejudice and discrimination**
  - 2006: 40% of Americans believed sex between same-gender partners should be illegal
- **Increasing rates of risk behavior, STD, and HIV/AIDS diagnoses**
- **High rates of undiagnosed HIV infection**

# Some Current Realities



- High rates of substance abuse
- Internet
- Interventions not available or not reaching some MSM
- Prevention fatigue
- Movement away from condom-based strategies

# Serosorting

- **Harm reduction strategy based on beliefs about one's own and partner's HIV status**
  - Increasing in recent years, especially among younger men
    - Atlanta study found 1 in 3 men reported serosorting
  - Increases risk if knowledge of HIV status is incorrect or inaccurately disclosed
    - 48% of HIV+ MSM in NHBS did not know they were infected
    - Unprotected receptive anal sex with a partner believed to be HIV-negative associated with 22% of attributable risk for HIV seroconversion



# D-Up! Intervention



## Evaluation of an HIV Prevention Intervention Adapted for Black Men Who Have Sex With Men

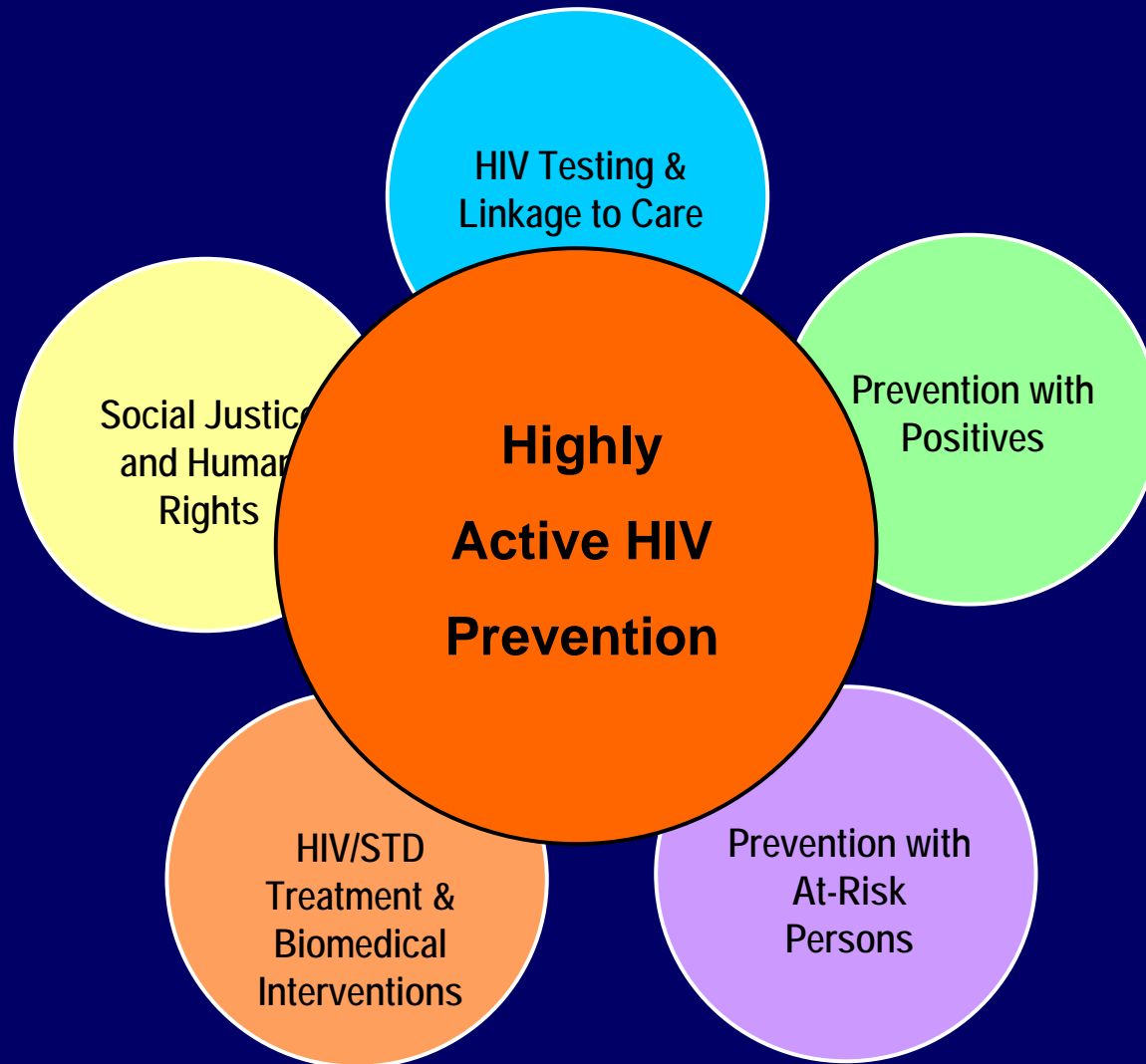
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- **Adaptation of Popular Opinion Leader intervention for Black MSM**
  - Collaboration between CDC, North Carolina health department, and local CBOs
- **Significantly reduced unprotected anal sex, increased condom use, and decreased number of sex partners**
- **Being packaged for DEBI**
  - Packaging will be completed August 2008
  - Training will be provided to more than 200 CBOs serving Black MSM



# Highly Active HIV Prevention



Adapted from Coates, 2008.



# Future Directions

- **Integrated holistic approaches to sexual health**
- **Develop new interventions and adapt existing interventions for MSM at greatest risk**
  - Better matching to individual need
  - Multiple interventions for high-risk men
- **Increase frequency of HIV testing**
- **Greater use of Internet**
- **Increase reach of HIV prevention for MSM**

